

# STI Global Update

## Newsletter of the International Union against Sexually Transmitted Infections

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### President's Column



*IUSTI President, King Holmes*

I'd like to begin by thanking IUSTI's immediate Past President Angelika Stary who did a remarkable job in continuing to build the momentum and quality of IUSTI events and in strengthening the organization and funding of IUSTI and establishing our new "brand," as depicted in our logo. Professor Stary received the IUSTI Gold Medal award at the 2010 Capetown meeting, and will organize the joint meeting of the 14<sup>th</sup> IUSTI World Congress with the ISSTD in Vienna in 2013. I'd also like to acknowledge Raj Patel's many years of effective service as IUSTI Secretary General and in recent service as Treasurer as well. Dr. Patel continues as IUSTI Treasurer and President-Elect. We welcome the new IUSTI Secretary General Janet Wilson, who has served us well as Assistant Secretary General; and new Executive Committee Members Dr. Kevin Fenton, Director of the US CDC Divisions of STD Prevention; Prof Aïssatou Gaye-Diallo from Dakar, Senegal; Dr. Sam Phiri from Lilongwe, Malawi; Professor "Sax" Yaw Adu-Sarkodie from Kwame Nkrumah University, Kumasi, Ghana; Dr. Freddy Tinajeros currently with CDC/GAP in Tegucigalpa, Honduras; and Dr. Miguel Tilli from Buenos Aires, Argentina.

#### **Recent IUSTI Events:**

Following on the exceptionally successful World

IUSTI meeting in Capetown, hosted by David Lewis, African Region IUSTI Director, and by his colleagues, the Asia-Pacific Region held its 16<sup>th</sup> IUSTI Conference in Bali 4<sup>th</sup>-6<sup>th</sup> May this year. Dr. Sjaiful F. Daili organized the meeting, which was attended by over 700 participants. Highlights included presentations by many IUSTI leaders. An overview of Periodic Presumptive Therapy for STI in high risk populations was given by Dr. Frances Ndowa, of the World Health Organization (see Periodic Presumptive Treatment for Sexually Transmitted Infections: Evidence for the field and recommendations for research. World Health Organization and Population Council. WHO, 2008. ISBN 9789241597050). This topic proved to be of considerable interest for Indonesia and the Asia-Pacific region. There was concern about use of azithromycin as first line treatment in parts of the Indonesian archipelago because of fears of adverse reactions to benzathine penicillin G., following a recent lawsuit against a clinician whose patient had an allergic reaction to benzathine penicillin G. The growing epidemic of STI and HIV and other STI in MSM and FSW in the Asia-Pacific Region was also of concern, as reported by Drs. Roy Chen and Xiang Sheng Chen. A uniquely inspiring presentation was given by Marina Mahathir on gender rights issues in STI/HIV control and on successful progress in addressing these issues after she was able to get a meeting on this issue with the President of Malaysia (the President of Malaysia at the time happened to be her father).

Another important national meeting in the region during the following week was China's National STI meeting, hosted by Dr. Xiangshen Chen (Chair Elect for the Asia-Pacific Region) in Haikou, Hainan Province. Dr. Chen and co-authors Joseph Tucker and Rosanna Peeling recently published an important paper documenting the steady and disturbing increase of the prevalence of syphilis seroreactivity in China after near elimination 50 years ago (Tucker JD, Chen XS, Peeling RW.; N Engl J Med. 2010 May 6;362(18):1658-61). A recent review of data by an independent visiting team in southern China confirmed an increase not only in the number of seropositive persons (which theoretically could be attributed in part to increased testing), but also an increase in the percentage of persons tested who are seropositive – including antenatal women.

Upcoming meetings during the next 12 months:

- **The 25th IUSTI Europe Congress** will take place in Tbilisi, Georgia, 23-25 September 2010, and is being organized by Drs Joseph Kobakhidze and Georgi Galdava from Georgia. The chair of the international scientific committee

for the meeting is Dr Simon Barton (London, UK). The congress theme is: "Broadening your horizons". Tblisi is the capital and largest city in Georgia and sits on the banks of the Kura River. A meeting of the IUSTI World Executive Committee will be held immediately after the congress.

- *The Latin America and Caribbean Region IUSTI Conference combined with the Latin America and Caribbean STI (ALAC-ITS) Congress* will be held May 18-21, 2011 in Curitiba, Brazil, together with the 8<sup>th</sup> Brazilian Congress for STIs and the 4<sup>th</sup> Brazilian Congress for AIDS. We are very encouraged by the progress in the IUSTI/ALAC-ITS in this region, and hope many will attend this Congress.
- *26<sup>th</sup> IUSTI Europe Congress* will be held in Riga, Latvia on 8-10 September 2011 and will be organized by Andris Rubins.
- *12<sup>th</sup> IUSTI World Congress* will be held in New Delhi, India from 2<sup>nd</sup> to 5<sup>th</sup> November 2011 and is being organized by Somesh Gupta and Vinod Sharma.
- *ISSTD IUSTI-North America*. The 19<sup>th</sup> ISSTD Conference will be held July 10-13, 2011 in Quebec City, the oldest city in North America, and a beautiful location in Canada. Dr. [Michel Alary](#) will be meeting with members of IUSTI's Executive Committee to discuss joint participation in this meeting.

#### Other IUSTI Developments:

The recent growth of IUSTI membership, the growing quality of its meetings (including those held in partnership at the global level with ISSTD, and at national and region levels) with many organizations are very noteworthy.

- **Growth in membership:** Dr. Somesh Gupta, Chair of the IUSTI Membership Committee, has worked very effectively with Regional IUSTI leaders to increase IUSTI membership. Full members and Associate members have increased from 654 in November 2009 to 2314 in June 2010. Congratulations to Somesh, and to Adele Benzaken, Chair of the Latin America and Caribbean Region, and to Charlotte Gaydos, North American Regional Director, for their efforts in recruiting new members. Increasing membership in the International Union against STI will increase the stature and influence of the Union, and reciprocally, growth of the Union can increase our outreach to strengthen the STI field per se, and to support the efforts of professionals from diverse disciplines who work in sexual health including management and prevention of STIs.
- **IUSTI-Russia:** Mikhail Gomberg has announced the formation of a new National STI organization, IUSTI.RU. I join Keith Radcliffe, European Region IUSTI Director and Regional Branch Committee Chair, Airi Pöder in welcoming this

new non-profit association. We look forward to working with Mikhail and IUSTI.RU in the future.

- **IUSTI-organized Supplement in Sexually Transmitted Infections:** Jonathan Ross, Editor of the IUSTI Newsletter, has been invited to prepare an IUSTI-organized supplement for the journal Sexually Transmitted Infections. The supplement will be organized around "Global Sexual Health: Prioritizing the challenges and identifying the solutions." We aim for publication in mid-2011.

King Holmes  
President IUSTI

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## Review

### Customised, web-based STI literature retrieval



Amedeo.com provides a web-based, weekly guide to the medical literature. Free of charge to the user, the service is supported by various unrestricted educational grants from industry. The publisher is a former HIV doctor, Bernd Sebastian Kampe. On the home page you select a topic of interest. For members of IUSTI, the topics AIDS/HIV <http://amedeo.com/medicine/hiv.htm> or Sexually transmitted Diseases <http://amedeo.com/medicine/std.htm> will be of particular interest, but there are plenty of others.

Within these topics you define your favourite journals by clicking in a check box on a simple form. A wide choice of the key specialist journals is available as well as broad coverage journals such as Lancet, BMJ, Science etc. Inevitably there will be some overlap of journals in related topics, so if you are selecting multiple topics, make sure you allow for this. Registration for the service is simple, free of charge, and provides appropriate privacy options. You then receive a weekly email giving a hyperlink to your own personal Amedeo web page where you find abstracts of articles in your chosen journals. Other services include a monthly journal club of outstanding articles selected by the editorial board and an on-line textbook of HIV medicine. Examples of Amedeo pages are given on the IUSTI website at <http://www.iusti.org/sti-information/links/default.htm#hiv>.

I have been a regular user of the Amedeo service for some 6 to 7 years and find it really useful. Thanks to an initiative by Jonathan Ross, it is expected that key articles selected exclusively for IUSTI members by specialist journals will also be available on the IUSTI website in the near future.

Michael Ward  
www.iusti.org webmaster

## Regional Reports

### Africa

#### **Focus on Zambia, Malawi, Ghana and Nigeria**

##### **1. Zambia releases the results of the 2009 Sexual Behaviour Survey in May 2010**

Dr. Pierre Yassa, a member of the IUSTI-Africa core team, reports that the Government of the Republic of Zambia, through the Central Statistical Office and the Ministry of Health, National AIDS Council, and the University of Zambia, and with technical assistance from MEASURE Evaluation, recently released the findings of the 2009 national Zambia Sexual Behaviour Survey, the fifth in a series of such household surveys to monitor knowledge, attitudes, and behaviours regarding HIV/AIDS in Zambia. The main objective of the survey is to obtain national estimates of a number of key indicators important to monitoring progress of the national HIV/AIDS/STDs programme.



*HIV testing sign in Zambia*

HIV/AIDS knowledge was almost universal in Zambian adults although the proportions of respondents who spontaneously mentioned the ABCs of HIV prevention had decreased since the 2005 survey. The proportion of respondents who knew where to go to get an HIV test increased from 84% to 94% from 2005 to 2009. Although improved from the 13% reported in 2005, the proportion tested remains low with only 46% of 2009 survey respondents reporting a previous test. The proportion of females who tested for HIV during antenatal care in the past 2 years increased from 14% in 2005 to 67% in 2009.

The median age of first penetrative sexual intercourse among 15-24 year olds was 19.5 years for males and 17.5 years for females and, compared to the 2000 survey results, suggests that youth are delaying the onset of penetrative sexual activity. The proportion of overall respondents aged 15-49 reporting multiple partners declined from 9% in 2000 to 4% in 2009. Males had more multiple partners (9%) than females (<1%). Among those with multiple sexual partners in the past year, 87% were concurrent partnerships, with higher proportions

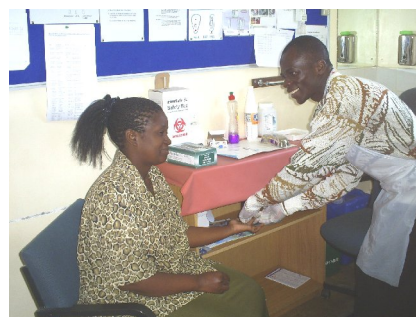
observed in rural (90%) compared to urban (81%) settings. About 42% of males and 35% of females reported condom use at their last sexual encounter. Sex with non-regular partners was reported more frequently among young men than young women (72% vs. 28%).

In terms of sexually transmitted infections (STIs), respondents' knowledge remained high as with previous surveys, with knowledge being higher in urban compared to rural areas. Compared to 2000, there was a decline in the overall proportion of respondents who reported recent symptoms of an STI (specifically, genital discharge or ulcer) from 4% to 2%, respectively.

The 2009 survey may be accessed in full at <http://www.cpc.unc.edu/measure/publications/tr-10-73>

##### **2. Integration of routine HIV testing and counseling into the management of STIs in Malawi**

Dr. Sam Phiri, IUSTI-Africa Executive Board Member, writes to share his experience of integrating routine HIV testing and counseling (HTC) in the management of STIs in the Lighthouse in Lilongwe, Malawi.



*Two Lighthouse lay counsellors demonstrating whole blood HIV rapid testing*

Malawi national STI guidelines include HTC in STI syndromic case management. There are operational challenges in health facilities to implement this nationwide due to infrastructure and human resource challenges. At one of the urban public health hospitals (Bwaila Hospital) in Lilongwe, only 43% of STI patients received HIV testing before June 2009. The Lighthouse integrated HTC in the STI clinic in mid 2009. Between June and November 2009, a total of 4,738 STI patients were registered of which only 223 (5%) already knew their HIV serostatus before they came to the clinic. A total of 4,218 (89%) underwent HTC of which, 972 (23%) tested HIV positive. All HIV positive patients were referred to Martin Preuss for Pre-ART and ART assessment, initiation and follow up. The Lighthouse has learnt that (i) the proportion of STI patients with known HIV status is still very low in Malawi despite the incorporation of HTC in the 2008 STI case management guidelines, (ii) integration of HTC services in management of STIs within the same facility increases HTC uptake, and (iii) a referral mechanism should be put in place for HIV positive

STI patients to access HIV care services including ART.

### 3. The use of rapid point-of-care tests in antenatal screening for syphilis in Ghana

Professor Yaw Adu-Sarkodie, IUSTI-Africa Executive Board Member, writes to discuss the introduction of rapid point-of-care (POC) syphilis screening tests in antenatal services in order to prevent congenital syphilis in Ghana. The National HIV/STI Sentinel Surveillance Programme of Ghana has reported a dramatic increase in mean syphilis seroprevalence from 0.4% in 2003 to 6.5% in 2008, with site prevalence ranging from 0% to 30.5% across 40 clinics involving 18,366 antenatal attendees. This large increase in maternal syphilis prevalence is worrying and may be due to an unfolding epidemic of venereal syphilis or the resurgence of yaws (endemic syphilis) in parts of Ghana, or could have been artificially caused by a recent change in the surveillance testing algorithms.



*Congenital syphilis can be prevented by screening pregnant women*

Prenatal syphilis screening policies have been adopted in many African countries, but these are rarely scaled up and sustained for implementation. In Ghana, a policy was developed over 10 years ago to provide routine screening for syphilis to all pregnant women attending antenatal clinics, with those found positive being treated with penicillin, a safe, cheap and widely available drug. However, syphilis screening coverage of pregnant women is still very low in antenatal clinics across Ghana. A study of 210 health facilities in the Ashanti Region found that only 3.3% offered routine prenatal syphilis screening. It is therefore important to identify the barriers and challenges to the implementation of the antenatal syphilis screening policy in the field.

The testing algorithm for surveillance in Ghana prior to 2004 was to screen with RPR or VDRL and confirm with TPHA. However, this was recently changed to use a simpler and rapid *Treponema*-specific diagnostic POC test which can be performed outside the laboratory and does not require equipment or electricity. They are available as individual plastic cassettes, are simple to use, require minimal training, can be undertaken with whole blood from a finger prick as well as serum or plasma, and results are available within 15 minutes. These tests

have been shown to be highly sensitive and specific even when performed by health personnel with minimal training in a range of clinical settings. POC tests offer an unprecedented opportunity to provide screening to pregnant women at all levels of the health service, to increase screening coverage and reduce pregnancy losses and infant mortality due to untreated syphilis.

However, in comparison to non-treponemal tests, POC tests cannot distinguish between active and past-treated infections, which may limit their usefulness in areas with high syphilis or yaws prevalence (such as some areas in the Central, Eastern and Ashanti regions), or when patients need to be screened repeatedly, as in successive pregnancies. Research is warranted in Ghana, where the Ghana Health Service has embarked on a revamped programme to control maternal syphilis using POC tests, but where endemic treponemal infections also coexist.

### 4. IUSTI-Africa membership drive in Nigeria

Dr. Samuel Fayemiwo, a member of the IUSTI-Africa core team, writes that there is now an IUSTI-Africa membership drive in Nigeria. The Nigerian Venereal Diseases Association (NIVEDA) is planning a meeting in the first quarter of 2011 and there are plans to discuss how to link NIVEDA with IUSTI-Africa. Dr. Fayemiwo hopes to intensify the IUSTI-Africa membership drive in the Northern part of his country in particular.

*David Lewis*

### Europe

The 2010 IUSTI Europe conference will take place between 23-25 September 2010 in Tbilisi, the capital of Georgia. The congress theme is, "*Broadening your horizons*", and full information is available at the conference website (<http://www.iusti2010-tbilisi.ge/index.php>). The co-presidents of the congress are Drs Georgi Galdava and Josephe Kobakhidze from Georgia, and the chair of the international scientific committee is Dr Simon Barton (London, UK). A field visit was made in May by Simon Barton, accompanied by our chair, Dr Airi Poder (Tartu, Estonia), and Prof Mihael Skerlev (Croatian national representative and deputy-chair of the international scientific committee), who report that everything is proceeding according to plan. I am pleased to report that a meeting of the IUSTI world executive committee, chaired by president King K Holmes, will be held in Tbilisi immediately after the congress.

Work is also under way in arranging the 2011 conference which will take place in Riga, Latvia, between 8-10 September 2011, and will be hosted by Prof Andris Rubins. The chair of the international scientific committee for that meeting is Dr Willem van der Meijden from Rotterdam in the Netherlands (for further information see: <http://mail.btgroup.lv/>)

[btg/iusti.nsf](mailto:btg/iusti.nsf)). I should like to congratulate Andris Rubins on the recent publication of his textbook, "Dermatology 2010".

Following on from the decision to hold the 2012 IUSTI Europe congress in Antalya, Turkey, a successful site visit was conducted in May by Airi Poder, Mihael Skerlev (chair of the international scientific committee) and Dr Derek Freedman (Irish national representative and deputy-chair of the scientific committee).

I should also like to welcome Dr Imtyaz Ahmed-Jushuf, from Nottingham, as the new UK representative on the council of IUSTI Europe. Immy Ahmed is the immediate past-president of the British Association for Sexual Health and HIV (BASHH).

Work continues on updating European STI guidelines continues, together with producing patient information leaflets (PILs).

Revised guidelines on lymphogranuloma venereum, pediculosis pubis and scabies are now posted on the European guidelines webpage (<http://www.iusti.org/regions/europe/euroguidelines.htm>).

Revision of the guidelines on genital herpes, hepatitis and chlamydia is nearing completion, and it is hoped that these guidelines will be finalised and published soon.

The following guidelines are currently out for consultation, and can be accessed at the website. Any comments should be emailed to the lead editor who will give them serious consideration.

- Chancroid – lead editor Prof Harald Moi (email: [harald.moi@rikshospitalet.no](mailto:harald.moi@rikshospitalet.no))
- Vaginal discharge – lead editor Prof Jorgen Skov Jensen (email: [jsj@ssi.dk](mailto:jsj@ssi.dk))

Work is also underway on revising the guidelines on donovanosis and genital warts.

A patient information leaflet on syphilis is also available in draft form for comment on the guidelines webpage (comments to Dr Jackie Sherrard at: [jackiesherrard@doctors.org.uk](mailto:jackiesherrard@doctors.org.uk)).

As always, I should be interested to receive any comments, questions, or suggestions about the European Branch or the European guidelines (email: [Keith.W.Radcliffe@hobtpct.nhs.uk](mailto:Keith.W.Radcliffe@hobtpct.nhs.uk)).

Keith Radcliffe

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#### North America

##### **Act Against AIDS campaign**

On Thursday, June 17, 2010, the Centers for Disease Control and Prevention's (CDC) Division of HIV/AIDS Prevention launched a new phase of its Act Against AIDS campaign, "HIV Screening. Standard Care." (HSSC) to assist physicians in making HIV testing a standard part of medical care.

HSSC is designed to increase implementation of CDC's 2006 HIV screening recommendations. These recommendations advise that all patients between the ages of 13 and 64 be tested for HIV as a routine part of medical care at least once – regardless of

perceived risk for the disease – and that individuals at high risk (e.g., those with multiple or HIV-infected partners) be tested at least annually.

Since these recommendations were announced, CDC has worked to expand HIV testing across the nation by launching other social marketing campaigns and efforts to directly reach populations at high risk with testing messages. CDC has also implemented an HIV testing initiative to fund and support state and local health departments across the country to increase access to HIV testing and linkage to care for people with HIV. Through HSSC, CDC continues to implement the recommendations by reaching out directly to physicians to provide helpful tools to integrate routine HIV testing into the standard care they provide all of their patients.

CDC estimates that more than 200,000 individuals (one in five Americans living with HIV) are unaware of their infection, and primary care providers can play a critical role in ensuring that Americans know their HIV status. Early diagnosis and treatment are key to helping HIV-infected individuals live longer, healthier lives and preventing HIV transmission to others.

HSSC resources and materials will be available to providers, including a quick annotated guide to the recommendations and patient education materials that will help answer patients' questions about HIV testing. The materials will be available free of charge to providers at [www.cdc.gov/HIVStandardCare](http://www.cdc.gov/HIVStandardCare). Please join CDC in making HIV screening as standard medical care in primary care.

##### **Congressional Hearing**

In conjunction with the following organizations (The National Council of Women's Organizations, The National Coalition of STD Directors, The American Social Health Association, The National Partnership for Women & Families), and in collaboration with the office of Congresswoman Barbara Lee, a Congressional briefing on "Sexually Transmitted Diseases: What You Should Know and Why it Matters" was held in Washington, DC on Friday, June 11th, 2010. The following information was covered.

The U.S. has the highest STD rates in the industrialized world, with more than 19 million new infections reported annually. STDs affect people of all ages and backgrounds, but young people, women, gay and bisexual men and communities of color share a disproportionate burden of infections and the subsequent negative health consequences.

STD rates have continued to rise while federal funding for STD prevention and control efforts have decreased by 22% since FY 2003 (when adjusted for inflation). This briefing gave an overview of the STD epidemic in the U.S. and how the Centers for Disease Control and Prevention (CDC) is responding, as well as perspectives from an STD program in a state health department and a frontline clinical provider. Speakers included: John M. Douglas, MD, Chief Medical Officer, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia;

Peter A. Leone, MD, Medical Director, HIV/STD Prevention and Care Branch, North Carolina Department of Health and Human Services, Professor of Medicine, School of Medicine, Professor of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill, Board Chair, National Coalition of STD Directors; and Maria E. Trent, MD, MPH, FAAP, FSAHM, Assistant Professor of Pediatrics & Public Health, Johns Hopkins School of Medicine & Bloomberg School of Public Health, Baltimore, Maryland.

**The National Chlamydia Coalition** May Newsletter can be found at

[http://campaign.constantcontact.com/render?v=001ok9oKmGhv2U95aMBTuXg8V7HP3vDYRYYS5k1HdPg9MEB\\_rFrRF8HcAuvC5ldIYILDcwcj0UGXq7frgBQf0\\_WdQPf0SeoXBySCB4McsNhGQxOwUHwQv46uYQbcx6WAKDshVlmjOCmFOWOKR9wQKs3OHPYcMaaTw5nRH TZRWBgI%3D](http://campaign.constantcontact.com/render?v=001ok9oKmGhv2U95aMBTuXg8V7HP3vDYRYYS5k1HdPg9MEB_rFrRF8HcAuvC5ldIYILDcwcj0UGXq7frgBQf0_WdQPf0SeoXBySCB4McsNhGQxOwUHwQv46uYQbcx6WAKDshVlmjOCmFOWOKR9wQKs3OHPYcMaaTw5nRH TZRWBgI%3D)

Charlotte Gaydos

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#### Asia-Pacific

**16<sup>th</sup> Asia-Pacific Conference of the International Union Against Sexually-Transmitted Infections Asia-Pacific branch – “Obstacles and Challenges” - Bali 4 to 6 May 2010.**



A record number of 700 delegates attended the conference held in the Bali International Convention Centre, Nusa Dua, Bali Indonesia. The conference was opened by representatives of the Governor of Bali and the Ministry of Health, Republic of Indonesia. There were 7 plenary talks, 9 symposia, 4 workshops and 3 free paper sessions. The opening plenary lecture was given by Francis J Ndowa (WHO) on 'Global strategy in STI prevention: focus on developing countries', and the Closing Lecture by the IUSTI President King Holmes (USA) on 'Prevention of STI and HIV Infection: Current Concepts and Results of a Community-Randomized Trial'. The pre-conference workshop consisted of a symposium on RTI conducted mostly in Bahasa Indonesia. The following topics and speakers were included - How Thailand cut the STI incidence in the era of HIV

(AIDS), Chavalit Mangkalaviraj (Thailand); Essential reproductive health care package, Sjaiful Fahmi Daili (Indonesia); Syphilis in pregnancy, Hanny Nilasari (Indonesia); Herpes simplex infection, Adolf H. Mittaart (Indonesia); Condom use in high risk, group in Indonesia, AAGP Wiraguna (Indonesia); STI & HIV/AIDS in obstetric perspectives, AA Jaya Kusuma (Indonesia); STI prevalence in high risk group in several cities in Indonesia, Rachmatdinata (Indonesia); Female circumcision: Indonesian perspective, Satiti Retno Pudjiati (Indonesia); STI management based on laboratory examination, Rasmia Rowawi (Indonesia).

A second interactive workshop took place on the management of HIV, speakers were - Laboratory tests for HIV, Charlotte Gaydos (USA); Initiation of antiretroviral therapy, Veerakathy Harindra (UK); Antiretroviral therapy in treatment experience patients, Veerakathy Harindra (UK); Management of HIV infection in pregnancy, Veerakathy Harindra (UK); Management of opportunistic infections, Immy Ahmed (UK).

Delegates were treated to 2 conference dinners, one at the opening session and the second at the glamorous farewell party. Entertainment for the opening session was provided by traditional Balinese dancers and that for the farewell party was by a top Indonesian jazz musician. The conference was a huge success judging by the number of delegates and quality of the scientific programme.

IUSTI Asia-Pacific would like to congratulate and thank the local organising committee led by Prof Sjaiful Daili, Dr Titi Lestari, together with Dr Gede Wiraguna, Dr Araina, Dr Tina Wisesa, Dr Hanny, Dr Hans Lumintang, Prof Tony Djajakusumah, Prof Jusuf Barakbah, Farida Sukanda, and their teams for the splendid organisation and faultless arrangements.

Roy Chan

## Conference Update

### ***IUSTI Events:***

#### **25th Conference on Sexually transmitted infections and HIV/AIDS- IUSTI Europe**

Dates: September 23–25, 2010

Location: Tbilisi, Georgia

Website: [www.iusti2010-tbilisi.ge](http://www.iusti2010-tbilisi.ge)

#### **26th IUSTI Europe Congress**

Dates: September 8-10, 2011

Location: Riga, Latvia

Contact: Prof. Dr. Andris Rubins, Email:

[arubins@apollo.lv](mailto:arubins@apollo.lv)

#### **12<sup>th</sup> IUSTI World Congress**

Dates: November 2-5, 2011

Location: New Delhi, India

Website: [www.iusti2011.org](http://www.iusti2011.org)

**13th IUSTI World Congress**

Dates: To be announced (2012)  
Location: Melbourne, Australia  
Contact: Prof. Christopher Fairley, Email:  
[cfairley@bigpond.com](mailto:cfairley@bigpond.com)

**14th IUSTI World Congress, to be held jointly with ISSTD Congress**

Dates: To be announced (2013)  
Location: Vienna, Austria  
**Contact: Prof. Dr. Angelika Stary, Email:**  
[angelika.stary@meduniwien.ac.at](mailto:angelika.stary@meduniwien.ac.at)

**Other STI or Related**

**Meetings/Congresses/Courses:**  
**XVIII International AIDS Conference**  
Dates: July 18 - 22, 2010  
Location: Vienna, Austria  
Website: <http://www.aids2010.org/>

**International Conference on Opportunistic Pathogens**

Dates: September 28-30, 2010  
Location: New Delhi, Delhi, India  
Website: <http://icopa-india.org>

**AIDS Vaccine 2010**

Dates: September 28 - October 1, 2010  
Location: Atlanta, Country: United States of America  
Website:  
<http://www.hivvaccineenterprise.org/conference/2010/index.php>

**19th EADV Congress**

Dates: October 6-10, 2010  
Location: Gothenburg, Sweden

Website: <http://www.eadv.org/nc/news/article/19th-eadv-congress/6/76b8853d6a/>

**Australasian HIV/AIDS Conference 2010**

Dates: October 20 - 22, 2010  
Location: Sydney, Australia  
Website: <http://www.hivaidconference.com.au/>

**Antivirals Congress**

Dates: November 7- 9, 2010  
Location: Amsterdam, Netherlands  
Website: <http://www.antivirals.elsevier.com>

**20th World Congress for Sexual Health**

Dates: June 12-16, 2011  
Location: Glasgow, United Kingdom  
Website: [www.kenes.com/was](http://www.kenes.com/was)

**21st EADV Congress**

Dates: September 5-9, 2012  
Venue: Riga, Latvia  
Contact: Andris Rubins Email: [arubins@apollo.lv](mailto:arubins@apollo.lv)

*Somesh Gupta*

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*STI Global Update* is published by the International Union against Sexually Transmitted Infections. Its aims are to provide an international perspective on the management and control of sexually acquired infections. Regular contributions from the regional directors of IUSTI and feedback from conferences is supplemented by short reviews of relevant topics and input from the Center for Disease Control (US), Health Protection Agency (UK) and the World Health Organisation.

*Prof. Jonathan Ross, Editor*  
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Further information on the activities of IUSTI available at  
[www.iusti.org](http://www.iusti.org)